

**COMMUNITY WORKFORCE PROGRAM (CWP) WDO/WRO REGISTRATION RENEWAL FORM****Organization:** Workforce Development Organization (WDO) ☐ Workforce Recruitment Organization (WRO) ☐The Organization information currently on file with DBD remains unchanged. ☐

If there are any changes to your organization's information currently on file with DBD note those changes in the appropriate space below.

Organization Name: \_\_\_\_\_ FEID No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **Florida** Zip Code: \_\_\_\_\_ County: **Dade** ☐ **Broward** ☐

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Area(s) of expertise/services provided and years of experience in the service area:**

<input type="checkbox"/> Training	# of years: 1	<input type="checkbox"/> Referral/Recruitment	# of years: 1
<input type="checkbox"/> Placement	# of years: 1	<input type="checkbox"/> Other: _____	# of years: 1

**Is this Organization/Business minority owned and operated?** Yes ☐ No ☐ If yes, indicated minority status:  
Woman ☐ Black/African American ☐ Hispanic ☐  
Disabled ☐**Is this Organization/Business certified as a minority firm with MDC/ Department of Business Development (DBD)?**  
Yes ☐ No ☐ N/A ☐**\*Is this Organization/Business registered as a vendor with MDC/ Department of Procurement Management (DPM)?**Yes ☐ No ☐ If no, contact MDC Vendor Assistance Unit at (305) 375-5773 or visit their website at [www.miamidade.gov/DPM](http://www.miamidade.gov/DPM)

Type Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby agree, if registered with DBD, as a WDO, to provide construction trades skills training or provide skill training that is recognized and accepted by all federation members of the respective trade, who are instrumental in its design and provide certification after participation, or apprenticeship training or any construction related training. If registered as a WRO, the aforementioned party hereby agrees to provide qualified construction employment recruitment services and employability skills training, including application process, interviewing, and appropriate attire.

**FOR DBD USE ONLY:****WDO/WRO Registration renewal approved:** Yes ☐ No ☐ **Effective Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

Signature: \_\_\_\_\_